Negotiated Rulemaking - Comment Summary Docket No. 16-0310-1203

Post 6-20-12 Meeting-Written Comments and Responses: Written comments were submitted by the following individual: Cory Makizuru DOCKET NO. 16-0310-1203: DEVELOPMENTAL DISABILITIES SERVICES

Topic of Concern	Comments
The following comments are beyond the scope of the negotiated rulemaking:	
Children not meeting Intermediate Care Facility for the Intellectually Disabled (ICF/ID) level of care should have access to	Children with DD, not functioning at the Intermediate Care Facility for the Intellectually Disabled (ICF/ID) level of care need "active treatment." Active treatment is an aggressive and organized effort to fulfill each person's fullest developmental capacity. It requires an integrated, individually tailored program of services directed to achieving measurable, behaviorally-stated objectives. There is a false predisposition that children with DD, functioning above eight years of age, only need opportunities to explore their interests,
habilitation	practice skills learned, and learn through interactions in typical community activities.
	All children with DD must have the right to receive therapeutic interventions and positive behavioral techniques that result in measurable skill acquisition.
The budget methodology should be regularly monitored	The budget setting methodology needs to meet the child's needs. IDAPA 16.03.10.527, states that the Idaho DHW will monitor the budget setting methodology on an ongoing basis to ensure the participant's needs are accurately reflected in the methodology. This is extremely critical. The DHW should regularly monitor and obtain empirical information from families and Medicaid providers. The DHW compliance with rule will ensure the child will remain on the path of success.
	Reports indicate that the individualized budgets for children with DD will be prohibitive for children and their families to access sufficient amounts of service to improve a child's functional skills and minimize problem behaviors. Historical data indicates that services must be consistent, aggressive, and continuous. In addition, services must be sufficient in quantity and quality to meet the needs of each child receiving services. Without the process of supplying a child with the means to develop maximum independence in Activities of Daily Living (ADLs) through training and treatment, strong evidence have indicated that the child's ability to succeed will be compromised, skill regression will occur which will impact health and safety, lead to unnecessary harm, and impair the child's growth and development.
Habilitative supports include recreation	Rule must be clearer. IDAPA 16.03.10.693.08.d.iii, states that for the children's waiver services listed in Subsections 683.01 through 683.07, of rules recreational services are excluded for Medicaid payment. Nonetheless, IDAPA 16.03.10.663.02, states that habilitative support provides an opportunity to participants to explore interests, practice skills learned in other therapeutic environments, and learn through interactions in typical community activities. Integration into the community enables participants to expand their skills related to ADLs and reinforces participation in leisure and community activities. What is the difference between leisure and recreational? At times, the term is interchangeable.
	Leisure suggests resting while not at work and recreation suggests more vigorous activity, the second that a recreational activity seemed onerous or a responsibility, it becomes "work." When does a child's participation in habilitative support turn from leisure to recreation?